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MARTIN & FERRARO, LLP 1557 Lake O'Pines Street, NE Hartville, Ohio 44632

Telephone (330) 877-0700

Facsimile (330) 877-2030

FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop AMENDMENT

Name:

Thomas H. Martin, Esq.

Group Art Unit 3732/Examiner Cary O'Connor

Firm: U.S. Patent & Trademark Office

Phone No.: 330-877-2277

Fax No.: 703-872-9306

No. of Pages (including this): 17

Subject: U.S. Patent Application No. 10/047,122

Date:

January 25, 2005

John I. Shipp et al.

Filed: January 15, 2002 INSTRUMENTS AND METHODS FOR USE IN

LAPAROSCOPIC SURGERY Attorney Docket No. 115.0001-00000

Customer No. 22882 Confirmation No.: 9694 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$510.00 three-month extension fee to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on January 25, 2005.

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FORM PTO-1083

Attorney Docket No.: 115.0001-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Confirmation No.: 9694
John I. Shipp et al.)
Serial No.: 10/047,122) Group Art Unit: 3732
Filed: January 15, 2002) Examiner: Cary O'Connor
For: INSTRUMENTS AND METHODS)
FOR USE IN LAPAROSCOPIC	j
SURGERY	· j

From-MARTIN&FERRAROLLP

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated August 16, 2004 in the above-identified application.

No additional fee is required.

冈 Applicant hereby requests a three-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMB PREVIOUSLY PAIE		(Col. 2) PRESENT EXTRA*	LG/SM \$ ENTITY		O'L DUE
TOTAL CLAIMS FEE	84		110	••	0	LG=\$50 SM=\$25	\$25	\$ Q
INDEPENDENT CLAIMS FEE	11	-	15	***	0	LG=\$200 SM=\$100	\$100	\$ 0
FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM	S			E ENTITY FEE : L ENTITY FEE :		\$ ٥
				-		Т	OTAL	\$ Ç

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Pald For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- 冈 A fee in the total amount of \$510.00 to cover the three-month extension of time fee is to be charged to Deposit Account No. 50-1068.
- 冈 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, I.LP

Date: January 25, 2005

Thomas H. Martin Registration No. 34,383

1557 Lake O'Pines Street, NE Hartville, Ohio 44632 Telephone: (330) 877-0700 Facsimile: (330) 877-2030

FORM PTO-1083

Attorney Docket No.: 115.0001-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: John I. Shipp et al. Serial No.: 10/047,122 Filed: January 15, 2002 For: INSTRUMENTS AND METHODS FOR USE IN LAPAROSCOPIC SURGERY

Confirmation No.: 9694

3308772030

Group Art Unit: 3732 Examiner: Cary O'Connor

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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囟 Applicant hereby requests a three-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

(Col. 1) Claims remaining After Amendment			(Gol. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 8) PRESEA:T EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	84	-	110	27	0	LG=\$50 SM=\$25	\$25	\$	0
INDEPENDENT CLAIMS FEE	11	-	15	544	0	10.000	\$100	\$	0
FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM	S			E ENTITY FEE :		\$	0
						Ţ	OTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "High ast Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A fee in the total amount of \$510.00 to cover the three-month extension of time fee is to be charged to Deposit Account No. 50-1068.
- 図 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.

Any filling fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: January 25, 2005

Thomas H: Martin Registration No. 34,383

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PATENT Attorney Docket No. 115.0001-00000 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Confirmation No.: 9694
John I. Shipp et al.)
Serial No.: 10/047,122) Group Art Unit: 3732
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For: INSTRUMENTS AND METHODS)
FOR USE IN LAPAROSCOPIC)
SURGERY	j
Mail Stop AMENDMENT	

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

AMENDMENT

In reply to the Office Action dated August 16, 2004, the period for reply having been extended for three months by a request for extension and fee payment filed concurrently herewith, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.